

MISSOURI DEPARTMENT OF SOCIAL SERVICES  
**SAMII PAYMENT REQUEST FORM**

**Mail to:**

DFAS Accounts Payable (A/P)  
P.O. Box 1643  
Jefferson City, MO 65102-1643

**DFAS USE ONLY**

EFT \_\_\_\_\_ PAPER \_\_\_\_\_ VENDOR#:

**\*THIS FORM IS TO BE USED FOR VENDOR INVOICES PAID THROUGH SAMII ONLY; NO FORM REQUIRED FOR EMPLOYEE EXPENSES**

<b>DIVISION</b>	<b>UNIT/OFFICE</b>	
DFAS	Cole	
<b>CONTACT PERSON NAME</b>	<b>PHONE NUMBER</b>	
Joy Benne	751-7027	

<b>VENDOR/PAYEE NAME</b>	<b>AMOUNT OF PAYMENT</b>
Alliance For Life - Missouri Inc	\$179,194.85

<b>CONTRACT, ER, OR PG NUMBER (if applicable)</b>	CS170042001/ [REDACTED]
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<b>CODING INFORMATION:</b>	
<b>ORGANIZATION CODE(S) TO BE CHARGED:</b>	3155
<b>DESCRIPTION OF CODING OR FUNDING SOURCE</b> (Indicate the exact words from coding sheet):	
ALTERNATIVES TO ABORTION	
TANF 100% 0199 886 3155 2960 1536 Q221	

<b>SPECIAL INSTRUCTIONS FOR PAYMENT, IF APPLICABLE</b>
March 2018 Payment

**DFAS USE ONLY - DO NOT WRITE/MARK BELOW**

<b>ENCUMBER:</b>	<b>DATE:</b>
<b>PURCHASING:</b>	
PO#	COMM LINE: INIT/DATE:
<b>ACCOUNTS PAYABLE</b>	
<b>DATA ENTRY:</b>	<b>APPROVAL:</b>

Alternatives to Abortion Invoice

Contract # CS170042001

Vendor Number: [REDACTED]

Vendor Name: Alliance for Life - Missouri Inc

Vendor Address: P.O. Box 65

Greenwood, MO 64034

"ORIGINAL"  
Only Invoice Available

Bill To: Missouri Department of Social Services

Division of Finance & Administrative Services

221 W. High St., Room 310

P.O. Box 1082

Jefferson City, MO 65102-1082

Invoice Number: 2018-09

Invoice Date: 1-Mar-18

Service Period: March 1 - March 31, 2018

<u>Total Contracted Allocation</u>	<u>Prior Invoiced Total</u>	<u>Monthly Award Amount</u>
\$ 2,150,338.14	\$ 1,363,565.61	\$ 179,194.85

Quarterly expenditure adjustment:

Total Due: \$ 179,194.85

Allocation Remaining \$ 607,577.69

Signature: Marsha T. Middleton

18 FEB 29 AM 8:38  
DIV. OF FINANCE  
SOCIAL SERVICES  
JEFFERSON CITY, MO 65102

Approved  
3/1/18  
J. E. B. [Signature]